

NON-MISSION CHECK-IN ROSTER

Use only for any meeting/activity - DO NOT USE for AF authorized missions

UNIT NAME: _____ UNIT CHARTER # _____ DATE: _____

SENT BY: _____ MEETING FROM: _____ TO: _____

Please PRINT your name legibly and indicate how many CAP hours you have volunteered since last sign in excluding those reported on another check-in roster.

PRINT NAME AND RANK		HOURS	PRINT NAME AND RANK		HOURS
1.			32.		
2.			33.		
3.			34.		
4.			35.		
5.			36.		
6.			37.		
7.			38.		
8.			39.		
9.			40.		
10.			41.		
11.			42.		
12.			43.		
13.			44.		
14.			45.		
15.			46.		
16.			47.		
17.			48.		
18.			49.		
19.			50.		
20.			51.		
21.			52.		
22.			53.		
23.			54.		
24.			55.		
25.			56.		
26.			57.		
27.			58.		
28.			59.		
29.			60.		
30.			61.		
31.			62.		

PLEASE ENSURE THE OTHER SIDE OF THIS PAGE IS FILLED OUT AFTER EACH MEETING/ACTIVITY. THEN MAIL OR FAX TO WING HQ - (303) 677-5009, 19210 E. BRECKENRIDGE AVE. STOP 33, BUCKLEY ANG BASE, CO 80011

SAFETY TOPIC COVERED:

EMERGENCY SERVICES ACTIVITIES/OPERATIONS: (Brief Description)

COUNTER DRUG/DRUG DEMAND REDUCTION: (Brief Description)

MORAL LEADERSHIP: (Conducted By ...)

AEROSPACE EDUCATION: (Brief Description)

CADET PROGRAMS: (Brief Description)

PROMOTIONS/AWARDS: (List name and award/promotion)

USE THE REMAINING SPACE FOR ANY ADDITIONAL INFORMATION FROM ABOVE OR NOTES TO WING.
PLEASE USE A SEPARATE CHECK-IN ROSTER FOR ACTIVITIES BETWEEN MEETINGS

PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED

